In accordance with section 109 of the Insolvency Act 1986

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# Notice of appointment of liquidator in a members' or creditors' voluntary winding up

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details							
Company number	0 3 2 8 9 8 4 0	→ Filling in this form Please complete in typescript or in						
Company name in full	Dewar Consultants Limited	bold black capitals.						
2	Liquidator's name							
Full forename(s)	Robert							
Surname	Cundy							
3	Liquidator's address							
Building name/number	5/7 Ravensbourne Road							
Street								
Post town	Bromley							
County/Region	Kent							
Postcode	B R 1 1 H N							
Country								
4	Liquidator's email address or telephone number •	• You must give an email address or						
Email address	rob.cundy@edgerecovery.com	telephone number. All information on this form will appear on the public record.						
Telephone number	+44 (0)20 8315 7430							
5	Insolvency practitioner number							
Number	9 4 9 5							

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6	Liqu	idat	or's ı	nam	e	•									
Full forename(s)				_											Other Liquidator's details     Use this section to tell us about another liquidator
Surname		-	<del></del> -						•						assur another inquidator
7	Liqu	idat	or's a	addr	ess		•							-	 
Building name/number Street															 Other Liquidator's details  Use this section to tell us about another liquidator. Use the continuation page to tell us
Post town		······································												•••	 about more than two liquidators.
County/Region									_	, ,					-
Postcode					T		T	T			-				
Country			<u>l</u>	L	<u> </u>	1	<u> </u>			<del></del>					7
8	Liqui	idato	or's e	mai	il ad	dres	s or	tel	epho	one	n	uml	oer	•	
Email address															 You must give an email address or telephone number. All information on this form will appear on the
Telephone number															public record.
9	Insol	ven	cy pr	acti	tion	er n	umb	er							
Number						1									
10	State							<u> </u>	<u>.</u> i	, ,					
Date	1	8	he ap	o l	tmer 2	ונ סדו	2	quia 0	2 ator	(s) or 2	7				I
11	(Tick o	Appointment details  (Tick one)													
	"	Credit													
	The ap	point	ment	was	mad	e by									 

12	Type of liquidation	Type of liquidation												
	Members													
	☐ Creditors													
13	Tick to confirm the liquidation type  Sign and date													
Liquidator's signature	X	×												
Signature date	Signature													
			<del>" </del>											

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## **Presenter information** You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. **Robert Cundy Edge Recovery Limited** 5/7 Ravensbourne Road **Bromley** Kent Postcode В R 1 1 Ν Н +44 (0)20 8315 7430 Checklist

We may return forms completed incorrectly or

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

with information missing.

following:

## Important information

All information on this form will appear on the public record.

#### ☑ Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

## Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse